

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90338 033 ***158.75

DOCUMENT # J63279		
1. Entity Name NORTON CONSTRUCTION SERVICES, INC.		
Principal Place of Business 2247 PALM BEACH LAKES SUITE 203 WEST PALM BEACH, FL 33409		Mailing Address 2247 PALM BEACH LAKES SUITE 203 WEST PALM BEACH, FL 33409
712 US ONE SUITE 300 N. PALM BEACH FL 33408		
		
04132005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2784973		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GARRETT, ROBERT 109 PARADISE HARBOR BLVD APT 415 NORTH PALM BEACH, FL 33408		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTON, BILL B. 4370 TWELVE OAKS WAY UNIT 216 WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDER ELLIOFF 712 US ONE SUITE 300 N. PALM BEACH FL 33408	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/13/05 561-848-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #